KENNY C. GUINN
Governor

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

PHARMACY & THERAPEUTICS COMMITTEE

Summerlin Life and Health Insurance Company
Media Room
10615 Park Run Drive
Las Vegas, NV 89144

Meeting Minutes
April 27, 2006

Committee Members Present:
Diana Bond, R.Ph.
Linda Flynn, R.Ph.
Judy Britt, Pharm.D.
Larry Pinson, Pharm.D.
Susan Pintar, M.D. (called-in)
Robert Horne, M.D. (called-in)

Absent:
Steven Phillips, M.D.
Carl Heard, M.D.

Others Present:
Coleen Lawrence DHCFP, Darrell Faircloth DAG, Jeff Monaghan FHSC, Shirley Hunting FHSC, Dawn Daly FHSC, Maria Kootsikas Sanofi-Aventis, Sandy Sierawski Pfizer, Bert Jones GSK, Paul Pereira TAP, Dick Knossdel Abbott, Jay Jennings Sanofi-Aventis, Johnna Nelson Eli Lilly & Co., Jim Ball Daiichi-Sankyo, Jeff Hille Lilly, Steve Schaerrer AZ, Eric Rowe Eli Lilly & Co., Joe Busby Eli Lilly & Co., Jerry Gomez King Pharmacaeuticals, Ed Lewis Pfizer, Heather Cash GSK, Donielle Freedmundy NV-Care, Alan Sloan Purdue, David Case Astellas Pharma, Nancy Fairchild Sepracor, Sedrick Spencer Roche, Kele Griffiths OMJPS, Doug Powell Forest Labs, Joe Sirna Alpharma.

I. Call to Order and Roll Call

Vice-Chairman Diana Bond called the meeting to order at 1:04 p.m.

II. Review and Approval of January 26, 2006 Meeting Minutes

MOTION: Larry Pinson motioned to accept the minutes as written.
SECOND: Linda Flynn
VOTES: Unanimous
MOTION CARRIED

III. Update on Program Status from Division of Health Care Financing and Policy

Coleen Lawrence provided an update on the Medicare Modernization Act (MMA). The State of Nevada opted to pay the co-payments for recipients that are dual eligible (eligible for Medicare Part D and Medicaid). Co-pay claims are processed by Medicaid through the First Health Point of Sale (POS) system. The co-pay functionality system was not in place until 2/21/06, resulting in some recipients being erroneously required by the pharmacy to pay the co-pay. The State is working with pharmacies to resubmit these claims and refund the recipients. Public information announcements will be aired via radio informing recipients to work with their pharmacy on co-pay refunds.

Ms. Lawrence addressed the removal of erectile dysfunction drugs from the Preferred Drug List (PDL) which was discussed at the January, 2006, P&T meeting. She wanted to clarify that the Centers for Medicare and Medicaid (CMS) sent a guidance letter to state Medicaid programs that this class of drugs is no longer covered by Medicaid for erectile dysfunction (ED). In addition, the letter stated that federal financial support to Medicaid programs for this drug class will be withdrawn if used for the purpose of erectile dysfunction and continued coverage could lead to sanctions of this program. In order to be compliant with the federal government, Nevada Medicaid discontinued coverage for ED. The State of Nevada, the DUR Board and the P&T Committee had no choice or authority over this decision. Coverage of these medications will continue for the diagnoses of primary pulmonary hypertension or pulmonary arterial hypertension.

IV. Review of Annual PDL Process by First Health Services

Jeff Monaghan stated that this Committee is scheduled to perform an annual review of the PDL at the July 27, 2006, meeting. He referred to the "Annual Preferred Drug List (PDL) Review – 2006" handout which lists the drug classes to be considered for change and the drug classes without proposed changes. Forty-five days prior to the meeting, drug reviews for those classes to be considered for change will be posted to the FHSC website. Public and drug industry input is requested. Clinical information can be submitted for consideration to FHSC and must be received no later than June 27, 2006 (clinical information submission process can be reviewed at nevada.fhsc.com/providers/rx/DCreview.asp).

Dr. Monaghan reviewed the criteria established by the Committee and used to determine drug classes with proposed changes:

1. New drugs within the class since the last annual review
2. Clinician's input
3. Classes the Committee stated they wanted to revisit during the past year
4. DHCFP recommendations based on changes in National Medicaid Pooling Initiative (NMPI)

V. Public Comment

Nancy Fairchild, Sepracor Pharmaceuticals, respectfully asked the Committee to reconsider reviewing the sedative hypnotic class in July. She stated that at the July, 2005, annual review, there was discussion by the Committee and community physicians on this class and the Committee added one single-branded agent, Ambien®, on the PDL without restriction. Since July, there has been new clinical information for Lunesta® ranging around Phase III/B clinical trials looking at patients with insomnia and co-existing with major depressive disorder. In light of the new information available, she asked the Committee to consider re-review of this class.

VI. Annual Preferred Drug List Review- Drug Classes without Proposed Changes

A. Overview by First Health Services of Drug Classes Without Proposed Changes

1. Analgesics: Long Acting Narcotics
2. Antibiotics: Cephalosporins 3rd Generation
3. Antibiotics: Quinolones
4. Antidepressants: Novel
5. Antidepressants: SSRIs
6. Antihistamines: 2nd Generation
7. Bone Ossification Agents: Biphosphonates
8. Calcitonins-Nasal
9. Cardiovascular: Ace Inhibitors & Diuretic Combinations
10. Cardiovascular: Angiotensins II Receptor Blockers & Diuretic Combination
11. Cardiovascular: Beta Blockers
12. Cardiovascular: Calcium Channel Blockers & ACEI Combinations
13. Cardiovascular: Lipotropics
14. Central Nervous System: Sedative, Hypnotics
15. Central Nervous System: ADHD/Stimulants/Non-Stimulants
16. Gastrointestinal Agents: H2RAs
17. Gastrointestinal Agents: PPIs
18. Immunomodulators – Injectable

19. Leukotriene Modifiers
20. Glaucoma Agents: Beta-Blockers, Alpha adrenergics, Carbonic Anhydrase Inhibitors, Prostaglandins
21. Ophthalmic Quinolones
22. Respiratory: Anticholinergic Agents, Inhaled
23. Respiratory Agents: Beta-Adrenergic Agents, Long-Acting Inhaled

Dr. Monaghan stated that the P&T Committee is required by statute to meet quarterly. This meeting was an opportunity to review the process of the annual review of the PDL and present to the Committee what classes are being proposed for changes and proposed without changes. He stated that, in terms of process, there will be an opportunity to present compelling evidence or new information to review a class that currently is not being considered for change. FHSC will review submitted information and confer with the State and the Chairman.

Ms. Lawrence stated that at last year's annual review, there was confusion on how the classes without proposed changes were going to be handled. The purpose of today's meeting was specifically to look at classes without proposed changes and invite public comment. Dr. Monaghan will review today's public comment for consideration to review a class that currently is not being considered for change.

B. Committee Discussion of Drug Classes without Proposed Changes

Dr. Horne asked about classes where a new drug is released. Is it considered a preferred drug or do we need to consider it for the non-preferred list?

Dr. Monaghan replied that if there has been a new drug released within one of the categories that's currently on the PDL, that should trigger a review of the class. There is no list of non-preferred drugs but a list of preferred drugs. If the drug is within that class and not on the preferred list, it's automatically non-preferred.

Dr. Britt asked if this list could change if more drugs come on the market or are FDA approved between now and July. Dr. Monaghan replied not at this time due to the time involved conducting drug reviews and added that the existing drug reviews are in the process of being refreshed with new information. When a new drug is released on the market in one of these classes, the process that occurs involves discussion with the State and the P&T chairman. If this is a drug that is extremely important, unique and/or there's a compelling need for that drug, we don't wait for the annual review to occur. It will be fast-tracked and brought to the Committee at the next meeting.

Dr. Horne asked if there is a class of medications not included in the 34 classes listed, is every drug in the unlisted class considered preferred. Dr. Monaghan replied that they are not considered preferred but there would be no restrictions on use unless the Drug Use Review Board has promulgated clinical prior authorization criteria.

Ms. Bond noted that this agenda item is not marked for action. Dr. Monaghan stated that due to some problems with getting the agenda posted, it was felt that if action was taken, it would not provide adequate time for those who may want to provide input on the proposal.

Ms. Bond clarified that potentially a category in Item VI may be changed based on input received between now and July that in the judgment of FHSC, the State and the Chairman, warrants moving it to Item VII. Dr. Monaghan stated that is correct.

VII. Annual Preferred Drug List Review- Drug Classes to be Considered for Change

A. Overview by First Health Services of Drug Classes to be Considered for Change
The following drug categories are being considered for change:

1. Antibiotics: Cephalosporins 2nd Generation
2. Antibiotics: Macrolides
3. Antiemetics: Oral, 5-HT3s
4. Antifungals: Onychomycosis Agents
5. Anti-Migraine Agents: Triptans

6. Hepatitis C Agents
7. Herpetic Antiviral Agents
8. Ophthalmic Antihistamines
9. Respiratory: Beta-Adrenergic Agents, Short-Acting Inhaled
10. Respiratory: Glucocorticoids, Inhalers
11. Respiratory: Glucocorticoids, Nasal

B. Committee Discussion of Drug Classes to be Considered for Change
No Discussion

VIII. Review of Next Meeting Locations, Dates, and Times

The next meeting will be conducted on July 27, 2006, 1:00 p.m. at the Washoe County Commission Chambers in Reno.

IX. Public Comment

Jay Jennings, Sanofi-Aventis, asked if there is a new product, such as Ambien® CR, within the sedative hypnotic class, does it automatically prompt a re-review. Dr. Monaghan replied that it should. The issue may have been when we looked at that, is that truly a unique and distinctive change to the current drug that is available. He added that this class will most likely be moved to the classes being considered for change. Dr. Horne said that Rozerem® has also come out in this class and Dr. Monaghan stated that will also be considered.

Ms. Lawrence stated that is the purpose of the annual review. If a new drug comes out within a class within the year, it is not required to be reviewed at that time. If there is a clinical need or access to care issue, it can be reviewed at the discretion of the Chairman and committee, but it's not required by statute to be reviewed until the annual review.

Jeff Hille, Eli Lilly, respectfully asked the Committee to consider reviewing this July the novel antidepressant class. He stated that there is a fair amount of new clinical information that has come out for all the medications in this class that warrants another review.

X. *Adjournment

MOTION: Larry Pinson motioned for adjournment.
SECOND: Judy Britt
VOTES: Unanimous
MOTION CARRIED
Meeting adjourned at 1:30 p.m.